



REGISTRATION PACKET 2015

Attached you will find the required registration packet for the Leesburg Police KidSmart Safety Camp. This year's camp is being held at Leesburg Police Headquarters from **July 27, 2015** through **July 31, 2015**. The camp hours are from 10:00 AM till 2:00 PM. Please fill out this packet in its entirety and if you have any question about the requested information please feel free to contact me directly. Please provide as much information as possible to ensure the safety of your child. Camp is limited to the **first 20 properly completed applications received.** All remaining applications will be used for a waiting list in case of cancellations. Any child who has already attended KidSmart may not attend again. No exceptions.

Make sure all your contact information, especially your email address, is noted clearly in the camp application in order to properly notify you if your child is accepted into the camp. DO NOT CALL THE DEPARTMENT ASKING IF YOUR CHILD WAS ACCEPTED. If your child is accepted in the program, a parent will be expected to fill out a medical and liability waiver. It will have to be signed by a parent and witnessed by a department staff member. On the first day of camp, each registered child's parents will be provided a packet with the daily breakdown of the activities, locations and times. Please read the information packet carefully and be mindful of the location and times on the various days. Children accepted into the camp will be expected to attend all five days. If your child cannot attend all five days, they cannot attend the camp.

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Keep for Your Records)



Kid Smart Safety Camp

KidSmart Safety Camp is a 5-day safety camp for children ages 6 to 10 years old. The camps spans five days and each day focuses on a specific safety topic. These topics will include Animal/Wildlife safety, Fire safety, Firearm safety, Personal safety, and Bicycle and Scooter safety. The class will be directed and taught specifically for this age group. Some classes may include hands on activities and on the last day of class, we will host a bicycle rodeo so that the children can demonstrate their new safety skills they learned. Upon completion of the week camp each child will be awarded a certificate of completion for the camp.

Parents will be provided a schedule for the week which will include the topic of the day, the location of class and a list of any special items that the children will have to bring on that day of class. Lunch will **NOT** be provided during the week. It will be necessary for the children to bring a bag lunch with them each day of class. Access to restrooms will be provided. Children will need to wear weather appropriate clothing for each day of class since some classes will include outside activities. Class will start promptly at 10:00 am and will end at the time designated on the information sheet for that day. Parents will be required to sign a liability waiver and complete an emergency contact sheet for their child. Parents are welcomed to stay and observe class during the week. **The week long safety camp will be open to the first twenty registrations (completed) that are received in person at police headquarters.**

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Leesburg Police Department

Kid Smart Safety Camp Emergency Contact Form

Childs Name:			
Childs Address:			
Home Telephone Number:			
Childs Date Of Birth:			
Height:	Weight:	Hair Color:	Eye Color:
Parents Name:			
Parents Address:			
Parents Telephone Numbers:			
Home:		Work:	
Cell Phone:			
EMAIL:			
<u>EMERGENCY CONTACT INFORMATION</u> (OTHER THAN PARENT)			
Name of Contact Person:			
Relationship to Child:			
Address of Contact:			
Telephone Numbers:			
Home:		Work:	
Cell Phone:			
Will any other person other than the parent listed above be picking up the child from camp?			
YES		NO	
If "yes" Please provide the following information:			
Name of Person:			
Address of Person:			
Telephone Numbers:			
Home:		Work:	
Cell Phone:			

Medical Release

I agree to allow any member of the Leesburg Police Department to seek and receive any necessary medical treatment for the child listed on the attached form. In my absence any member of the Leesburg Police Department may authorize any necessary medical procedures necessary for the safety of the child listed on the reverse side of this form. I agree to release the Town of Leesburg, Leesburg Police Department, and any agent or employee from liability for injuries incurred by my child while in participation in the KidSmart Safety Camp. I also agree to release from liability the Town of Leesburg, Leesburg Police Department, and any agent or employee for any medical treatment that is received by my child while in attendance at the KidSmart Safety Camp.

Parent/Guardian Signature: _____

Date: _____

RELEASE

I/We, the parents and/or legal guardians of _____ a minor child, whose date of birth is _____ for and in consideration of the services provided by the Town of Leesburg, Leesburg Police Department hereby authorize and grant permission for my/our child, _____ to participate fully in the "Kid Smart Safety Camp" program and its activities, including without limitation. I/We understand that there are certain risks inherent in our child's participation in this program and in the activities associated with this program. I/We for ourselves and our minor child, _____, and our collective heirs, personal representatives and assigns, hereby waives, release and forever discharge the Town of Leesburg and the Leesburg Police Department, their employees, volunteers, representatives, agents, servants and all other persons responsible for supervision and management of the "Kid Smart Safety Camp" program in the Town of Leesburg, Loudoun County, Virginia, from any and all liability for injuries and acts which may occur in connection with the participation of our minor child, _____, in the "Kid Smart Safety Camp" program conducted under the auspices of the Town of Leesburg, by and through the Leesburg Police Department, Loudoun County, Virginia. We hereby certify that my/our minor child has no illnesses, injuries or conditions which would preclude him/her from participating in this program. We further certify that my/our minor child, _____, has received all of his/her currently required medical examinations, treatment and immunizations in compliance with state law.

I/We agree to:

1. Bring our child (ren) into the Leesburg Police Department, Police Headquarters, or other assigned locations, to make sure that our child(ren) is/are under supervision before leaving the premises.
2. Come into the Police Headquarters or other assigned location and to make our presence known to the program staff and sign our child (ren) out when picking up our child(ren).
3. Pick up our child (ren), or make arrangements to have them picked up by a responsible adult known to the child, when called by the program staff in the event of illness or emergency.
4. Notify the program staff of any medical concerns or exposure of our child (ren) to any communicable disease or illness.
5. Sign the provided medical release form allowing for medical treatment necessary for my child in my or the emergency contacts absence.

Parent/Guardian Signature: _____

Date: _____

County of _____
Commonwealth of Virginia

Acknowledged before me by _____
this _____ day of _____, _____

(Signature of Notary Public)

(Notary Seal)